

**UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT
DOCKETING STATEMENT--CRIMINAL CASES**

Directions: Counsel must make a **docketing statement (criminal)** entry in CM/ECF within 14 days of filing a notice of appeal or cross appeal, or within the due date set by the clerk's docketing notice, whichever is later. File with the entry the (1) docketing statement form and any extended answers, (2) any transcript order form, and (3) any CJA 24 authorization form. Counsel who filed the notice of appeal is responsible for filing the docketing statement even if different counsel will handle the appeal. In criminal cases, counsel who represented the defendant below must continue on appeal unless the court of appeals grants a motion to withdraw. Appellants proceeding pro se are not required to file a docketing statement. Opposing counsel may file objections to the docketing statement within 10 days of service using the ECF event-**docketing statement objection/correction**.

Appeal No. & Caption	USA v. DAVID BRIAN HILL
Originating No. & Caption	USA v. BRIAN DAVID HILL
District Court & Judge	Middle District of North Carolina, William L. Osteen, Jr.

Jurisdiction (answer any that apply)		
Date of entry of order/judgment appealed from	JANUARY 16, 2015	
Date this notice of appeal filed	JANUARY 29, 2015	
If cross appeal, date first notice of appeal filed		
Date of filing any post-judgment motion		
Date order entered disposing of any post-judgment motion		
Date of filing any motion to extend appeal period		
Time for filing appeal extended to		
Is appeal from final order or judgment?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If appeal is not from final judgment, why is order appealable?		

RECEIVED
 2015 FEB 10 AM 10:39
 U.S. COURT OF APPEALS
 FOURTH CIRCUIT

Transcript – Order all necessary transcript now. Extensions of the briefing schedule to order additional transcript are disfavored

(Identify necessary transcript dates and state whether the transcript is on file or a copy of the transcript order is attached. CJA counsel must attach copy of the CJA 24 with the transcript order.).

Trial Date(s):		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed
Plea Date:		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed
Sentence Date:		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed
Other Date(s):		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed

Case Handling Requirements (answer any that apply)

Case number of any prior appeal in same case		
Case number of any pending appeal in same case		
Identification of any case pending in this Court or Supreme Court raising similar issue	If abeyance or consolidation is warranted, counsel must file an appropriate motion.	
Is expedited disposition necessary?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If yes, motion to expedite must be filed.		

Issues (Non-binding statement of issues to raise on appeal. Attach additional page if necessary.)

ISSUE I.

It was error by the district court to DENY the pro se motion. The court failed to address the primary intent of the motion or failed to view the pleading as two motions and thereby failed to address one motion.

ISSUE II.

The time restriction for filing an appeal was unconstitutional as applied to the defendant.

Appellant's Name & Address	Counsel's Name & Address
Name: BRIAN DAVID HILL (pro se) Address: 916 Chalmers St. – Apt. D Martinsville, VA 24112	Name: Address:
E-Mail:	E-Mail:
Phone: 276-632-2599	Phone:

Signature: Brian D. Hill Date: Feb 6, 2015
Signed
 Counsel for: _____

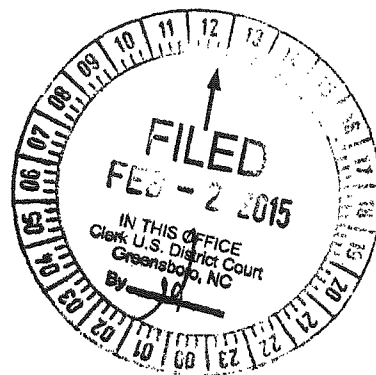
Certificate of Service: I certify that on Feb 6, 2015 the foregoing document was served on all parties or their counsel of record through the CM/ECF system if they are registered users or, if they are not, by serving a true and correct copy at the addresses listed below:

Mr. Anand P. Ramaswamy
 Assistant United States Attorney
 101 South Edgeworth Street
 Greenboro, NC 27401

Mr. Mark A. Jones
 BELL, DAVIS & PITT, PA
 100 N. Cherry St., Suite 600
 P. O. Box 21029
 Winston Salem, NC 27120-1029

Signature: Brian D. Hill Date: February 6, 2015

In the United States District Court
for the Middle District of North Carolina
Greensboro Division



Defendant, ~~Brian D. Hill~~

Brian David Hill

v. Criminal Action No. 1:13cr435-1

Plaintiff, United States of America

REQUEST FOR TRANSCRIPT

Transcripts are requested for appeal purposes

for case 13-cr-435 of proceedings held as follows :

Status Conference 6/4/2014

before JUDGE N. C. TILLEY, JR

CJA Voucher requested to pay Transcript fees as I am indigent under CJA status. So pursuant to the Criminal Justice Act (18 U.S.C. § 3006A) for purposes of Appeal, I ask for the Transcript under CJA Voucher.

Brian D. Hill *Jan 30, 2015*
signed

Brian D. Hill (pro se)

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

CERTIFICATE OF SERVICE

I hereby certify that service was made by mailing

by deposit in the United States Mail, Postage prepaid,

on January 30th, 2015

a true and correct copy of the foregoing

REQUEST FOR TRANSCRIPT, and signed CJA Voucher form (attached)

addressed to:

Mr. Anand P. Ramaswamy
Assistant United States Attorney
101 South Edgeworth Street
Greenboro, NC 27401

and a true and correct copy addressed to:

Jane Allen-Calhoun, Court Reporter
North Carolina Middle District
324 W. Market Street
Greensboro, N.C. 27401

and a true and correct addressed to:
U.S. Court of Appeals
1100 E. Main St. Suite 501
Richmond, VA 23219

Brian D. Hill Jan 30, 2015

Brian D. Hill (pro se)

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:13-CR-435-1		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Brian David Hill		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) Pro Se	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
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13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Status Conference, hearings for Pro Se motions filed - 6/4/2014 - 10 Pages							
14. SPECIAL AUTHORIZATIONS						JUDGE'S INITIALS	
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. Brian D. Hill 01/30/2015 Signature of Attorney Date Brian David Hill(Pro Se) Printed Name Telephone Number: (276) 632-2599 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order Nunc Pro Tunc Date			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS Jane Allen-Calhoun, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401 Telephone Number: (336) 332-6033			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Brian: I don't have that information.							
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original		1-10	10	\$3.65			\$36.50
Copy		1-10	10	\$0.90			\$9.00
Expense (Itemize)		These are only estimated costs.					
TOTAL AMOUNT CLAIMED:							\$45.50
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date						24. AMOUNT APPROVED	

January 30th, 2015

Jane Allen-Calhoun, Court Reporter
North Carolina Middle District
324 W. Market Street
Greensboro, N.C. 27401

Re: U.S. v. Hill, District Court # 13CR435

1:13CR435-1

Enclosed please find a copy of a request for transcript filed with the court.

Status Conference 6/4/2014 - 10 pages

I am enclosing a copy of the CJA 24 voucher (filed with Clerk of the Court) form I have signed asking the United States to pay the transcript service fee. Since I am indigent I am sure the government will pay for the transcript fee for my Request for transcript.

If a fee is required, please ask the court how much I would be required to pay.

If you have any question, please let me know.

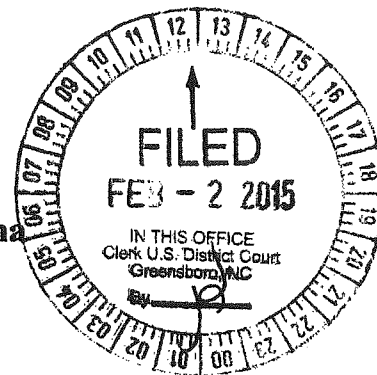
Best wishes to you,

Brian D. Hill
916 Chalmers St, Apt. D, Martinsville, VA 24112
Phone: (276)632-2599

Brian D. Hill
signed

Enc.

In the United States District Court
for the Middle District of North Carolina
Greensboro Division



Defendant, ~~Brian D. Hill~~
Brian David Hill

v. Criminal Action No. 1:13cr435-1

Plaintiff, United States of America

REQUEST FOR TRANSCRIPT

Transcripts are requested for appeal purposes
for case 13-cr-435 of proceedings held as follows :

Change of Plea Hearing 6/10/2014
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Motion Hearing 9/3/2014
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Called for sentencing 9/30/2014
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Status Conference 10/15/2014
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Sentencing Hearing 11/10/2014
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Brian D. Hill *Jan 30 2015*
signed

Brian D. Hill (pro se)
916 Chalmer St, Apt. D, Martinsville, VA 24112
Phone: (276)632-2599

*CJA Vouchers requested to
pay Transcript fees as I
am indigent under CJA
status. So pursuant to
the Criminal Justice Act
(18 U.S.C §3026A) for purposes
of Appeal I ask for the
Transcripts under CJA Voucher.*

CERTIFICATE OF SERVICE

I hereby certify that service was made by mailing

by deposit in the United States Mail, Postage prepaid,

on January 30th, 2015

a true and correct copy of the foregoing

REQUEST FOR TRANSCRIPT, and signed CJA Voucher forms (attached)

addressed to:

Mr. Anand P. Ramaswamy
Assistant United States Attorney
101 South Edgeworth Street
Greenboro, NC 27401

and a true and correct copy addressed to:

Joseph Armstrong Court, Court Reporter
North Carolina Middle District
324 W. Market Street
Greensboro, N.C. 27401

and a true and correct copy addressed to:

U.S. Court of Appeals
1100 E. Main St. Suite 501
Richmond, VA 23219

Brian D. Hill Jan 30, 2015

Brian D. Hill (pro se)

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

January 30th, 2015

Joseph Armstrong, Court Reporter
North Carolina Middle District
324 W. Market Street
Greensboro, N.C. 27401

Re: U.S. v. Hill, District Court # 13CR435

1:13CR435-1

Enclosed please find a copy of a request for transcript filed with the court.

Change of Plea Hearing 6/10/2014
Motion Hearing 9/03/2014
Called for sentencing 9/30/2014
Status Conference 10/15/2014
Sentencing Hearing 11/10/2014

I am enclosing a copy of the CJA 24 voucher (filed with Clerk of the Court) form I have signed asking the United States to pay the transcript service fee. Since I am indigent I am sure the government will pay for the transcript fee for my Request for transcript. *Multiple forms enc.*

If a fee is required, please ask the court how much I would be required to pay.

If you have any question, please let me know.

Best wishes to you,

Brian D. Hill (Pro Se)
916 Chalmers St, Apt. D, Martinsville, VA 24112
Phone: (276)632-2599


Brian D. Hill
Signed

Enc.

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:13-CR-435-1		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Brian David Hill		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) Pro Se	
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14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
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15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between;"> <div> <u>Brian D. Hill</u> Signature of Attorney </div> <div> <u>01/30/2015</u> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <u>Brian David Hill(Pro Se)</u> Printed Name </div> <div> <u>(276) 632-2599</u> Telephone Number </div> </div> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> _____ Signature of Presiding Judge or By Order of the Court </div> <div> _____ Date of Order </div> <div> _____ Nunc Pro Tunc Date </div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS Joseph Armstrong, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Brian: I don't have that information.				Telephone Number: (336) 332-6034			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original	1-28	28	\$3.65			\$102.20	
Copy	1-28	28	\$0.90			\$25.20	
Expense (Itemize)	These are only estimated costs.						
TOTAL AMOUNT CLAIMED:						\$127.40	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court						24. AMOUNT APPROVED _____ Date	

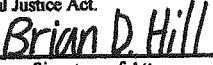
CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR/DIST./DIV. CODE		2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:13-CR-435-1		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Brian David Hill		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) Pro Se			
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12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Motion Hearing - 9/03/2014 - 25 Pages					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
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20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original	1-25	25	\$3.65		\$91.25
Copy	1-25	25	\$0.90		\$22.50
Expense (Itemize)	These are only estimated costs.				
TOTAL AMOUNT CLAIMED:					\$113.75
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
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APPROVED FOR PAYMENT — COURT USE ONLY					
23. APPROVED FOR PAYMENT Signature of Judge or Clerk of Court _____ Date _____					24. AMOUNT APPROVED

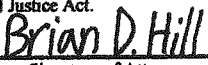
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A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
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C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between;"> <div> <u>Brian D. Hill</u> Signature of Attorney </div> <div> <u>01/30/2015</u> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <u>Brian David Hill(Pro Se)</u> Printed Name </div> <div> <u>(276) 632-2599</u> Telephone Number </div> </div> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> _____ Signature of Presiding Judge or By Order of the Court </div> <div> _____ Date of Order </div> <div> _____ Nunc Pro Tunc Date </div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS Joseph Armstrong, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Brian: I don't have that information.				Telephone Number: (336) 332-6034			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original	1-22	22	\$3.65			\$80.30	
Copy	1-22	22	\$0.90			\$19.80	
Expense (Itemize)	These are only estimated costs.						
TOTAL AMOUNT CLAIMED:						\$100.10	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court						24. AMOUNT APPROVED _____ Date	

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:13-CR-435-1		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Brian David Hill		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) Pro Se	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Status Conference - 10/15/2014 - 13 Pages							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="text-align: center;">  _____ Signature of Attorney </div> <div style="text-align: center;"> _____ Date 01/30/2015 </div> <div style="text-align: center;"> Brian David Hill(Pro Se) _____ Printed Name </div> Telephone Number: (276) 632-2599 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="text-align: center;"> _____ Signature of Presiding Judge or By Order of the Court </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Date of Order </div> <div style="width: 45%;"> _____ Nunc Pro Tunc Date </div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS Joseph Armstrong, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Brian: I don't have that information.				Telephone Number: (336) 332-6034			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original	1-13	13	\$3.65			\$47.45	
Copy	1-13	13	\$0.90			\$13.90	
Expense (Itemize)		These are only estimated costs.					
TOTAL AMOUNT CLAIMED:						\$61.35	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date						24. AMOUNT APPROVED	

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:13-CR-435-1		5. APPEALS DKT./DEF. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. Brian David Hill		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		
10. REPRESENTATION TYPE (See Instructions) Pro Se						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)						
REQUEST AND AUTHORIZATION FOR TRANSCRIPT						
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.						
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Sentencing Hearing - 11/10/2014 - 17 Pages						
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS	
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)						
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited						
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
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CLAIM FOR SERVICES						
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS Joseph Armstrong, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Brian: I don't have that information.			Telephone Number: (336) 332-6034			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original	1-17	17	\$3.65			\$62.05
Copy	1-17	17	\$0.90			\$15.30
Expense (Itemize)	These are only estimated costs.					
TOTAL AMOUNT CLAIMED:						\$77.35
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____						
ATTORNEY CERTIFICATION						
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date						24. AMOUNT APPROVED

Brian David Hill
916 Chalmers St.
Martinsville, VA 2

U.S.W.G.O.

Brian D. Hill
Signed

CERTIFIED MAIL



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Clerk of the Court

U.S. Court of Appeals, 4th Circuit

1100 East Main Street, Suite 501

Richmond, VA 23219

NOTE: ~~RESPONSE TO MOTION~~

Sent Feb 6, 2015 Docketing Statement and Disclosure statement